

Workers' Compensation Temporary Prescription ID Card



>>> To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 866-499-1903.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 866-499-1903.

>>> To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim.

Standard claim limitations include

- Quantity exceeding 150 pills or \$150
- Day supply exceeding 14 days.
- This form is valid for up to 30 days from DOI.
- If there are issues adjudicating first fill please call Express Scripts at 866-499-1903.

Pharmacy Processing Steps

Note* Please Contact Express Scripts if this is an HIV medication for Workers Compensation

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

enter in DOI field in the format YYYYMMDD)

ID #:	
	ID number; present to the pharmacy at the pu will receive a new ID number shortly.
Date of Injury:	
	MM/DD/YYYY
Group #: KQSA	
Employee Date of Birth:	

Express Scripts

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

Employee Information				
M		Last		
eet Address o	r PO Box			
	State	ZIP		
	4958	eet Address or PO Box		





Participating Retail Network Pharmacies

A & P Drug Emporium Drug Fair Acme Pharmacy Albertson's **Drug Town** Drug World Albertson's/Acme **Eckerd** Albertson's/Osco Albertson's/Sav-On **Econofoods EPIC Pharmacy** Amerisource Bergen **Anchor Pharmacies** Network Arrow **FamilyMeds** Aurora Farm Fresh **Bartell Drugs** Farmer Jack Bigg's Food City Food Lion Bi-Lo Bi-Mart Fred's BJ's Wholesale Club Gemmel Giant **Brooks Brookshire Brothers**

Brookshire Grocery

Bruno

Carrs

Cash Wise

Coborn's

Costco

Cub

CVS

D&W

Dahl's

Gemmel
Giant
Giant Eagle
Giant Foods
Hannaford
Harris Teeter
H-E-B
Hi-School Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry

Dierbergs Kmart
Discount Drugmart Knight Drugs
Doc's Drugs Kroger
Dominicks LeaderNet (PSAO)
Longs Drug Store

Keltsch

Kerr

Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Neighborcare
Network
Pharmaceuticals

Osco P & C Food Markets

Northeast Pharmacy

Pamida
Park Nicollet
Pathmark
Pavilions
Price Chopper
Publix

Services

Quality Markets Raley's Randalls Rite Aid

Rx Express RXD Safeway Sam's Club Sav-On Save Mart

Rosauers

Schnucks Scolari's Sedano Shaw's Shop 'N Sa

Shop 'N Save Shopko ShopRite Snyder Stop & Shop Sun Mart Super Fresh Super Rx Target

Texas Oncology Srvs

The Pharm
Thrifty White
Times
Tom Thumb
Tops
Ukrop's

United Drugs
United Supermarkets

Vons Waldbaums Walgreens Wal-Mart Wegmans Weis

Winn Dixie

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.

